



GEORGIA COMPOSITE BOARD OF PROFESSIONAL COUNSELORS,
SOCIAL WORKERS AND MARRIAGE AND FAMILY THERAPISTS
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MARRIAGE AND FAMILY THERAPIST
PRACTICUM/INTERNSHIP - MISSING OR DECEASED SUPERVISOR AFFIDAVIT
FORM C

INSTRUCTIONS: Please type or print clearly. **NO FAXED FORMS ACCEPTED.**

APPLICANTS:

- Make every effort to locate the supervisor/s/instructor/s of record as necessary to document the required Practicum/Internship Experience.
- You may show your diligence with returned mail, copies of letters, verifications from your academic institution, etc.
- If, however, after a diligent search you are unable to locate the supervisor/s, you may attest to undocumented supervision of Practicum/Internship by taking the oath below.
- The Board may require additional information upon review.

OATH

Under penalty of perjury, as provided in the Official Code of Georgia Annotated, I hereby aver and swear that I was unsuccessful, after I made a diligent effort, to locate:

Name of Supervisor: _____

who served as my Practicum/Internship Supervisor in the practice of Marriage and Family Therapy

during the period of : _____ to _____

and during that period he/she was licensed as a:

| | |
|------------|--|
| Month/Year | Month/Year |
| | |
| | <input type="checkbox"/> Marriage and Family Therapist |
| | <input type="checkbox"/> Professional Counselor |
| | <input type="checkbox"/> Clinical Social Worker |
| | <input type="checkbox"/> Psychologist |
| | <input type="checkbox"/> Psychiatrist |

License Number: _____ In the State of : _____

I have attached copies of letters and/or returned mail that demonstrates my attempt/s to reach this supervisor.

Date

Signature of Applicant

Sworn to and subscribed before me this
_____ day of _____, _____.

Notary Public

My Commission Expires:

NOTARY SEAL